

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF

Samuel Mendez CY-7322

COURT CASE NUMBER

05-35E

DEFENDANT

Prison Health Services Inc.

TYPE OF PROCESS

42 U.S.C. §1983

**SERVE
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Christine Zyrkle-C.H.C.A.

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SCI-Albion, 10745 Rt. 18 Albion, Pa. 16475-0002

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Samuel Mendez CY-7322
10745 Rt. 18
Albion, Pa. 16475-0002

Number of process to be served with this Form 285

1

Number of parties to be served in this case

4

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Original or requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

1-23-05

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

No.

District to Serve

No.

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges including endeavors

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS: mailed -

3/10/05

09/15/05 RETURNED TO COURT UNEXECUTED -
NO RESPONSE TO WAIVER BY MAIL

PRIOR EDITIONS
MAY BE USED

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*

*To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal

FORM USM-285
Rev. 12/15/80
Automated 01/00

***IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA***

Samuel Mendez)
vs. *Civil Action: 05-0035 Erie*
Christine Zyrkle)

NOTICE OF INABILITY OF EFFECTUATE SERVICE

The Under signed Hereby certified that on 08/10/05, the Order and Complaint in the above captioned case, and the Notice of Lawsuit and Request for Waiver of Service of Summons and Waiver of Service of Summons were mailed to the above named defendant. No acknowledgment of service has been received, and more than 30 days has elapsed.

Thomas M. Fitzgerald
United States Marshal
Western District of Pennsylvania

Sheila Blessing

By: *Sheila Blessing*
Administrative Clerk
United States Marshals Service
Western District of Pennsylvania
September 15, 2005

ORDER

AND NOW, this _____ day of _____, 20____, upon consideration of the foregoing Notice of Inability to Effectuate Service,

IT IS ORDERED that the Clerk of Court prepare duplicate Summons and Complaint,

AND IT IS FURTHER ORDERED that the United States Marshal make personal service of those documents upon the above named defendant.